

Del Rio with reports on the ground describing horrific conditions in their makeshift camp as two women reportedly gave birth—including one who later tested positive for COVID-19.

This crisis is one of the worst in history. It is time to finish the wall, end catch and release, and secure our border.

□ 0915

THE RIGHT TO ABORTION IS UNDER ATTACK

(Ms. BONAMICI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. BONAMICI. Madam Speaker, I rise in strong support of the Women's Health Protection Act because the right to abortion, a right grounded in privacy, is under attack.

When people have the freedom to make their own personal decisions about whether and when to become a parent, they are more likely to attain their educational goals, maintain job mobility, achieve economic security. But unfortunately, politicians in many States, and in this very body, want to invade privacy and deny autonomy.

We cannot take the right to choose for granted. I urge passage of this vital legislation because we refuse to be dragged back to the dangerous days before *Roe v. Wade*. I urge everyone to support the Women's Health Protection Act.

EFFORTS TO REMOVE PRO-LIFE PROTECTIONS

(Mr. BERGMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BERGMAN. Madam Speaker, I rise today in intensely strong opposition to efforts to remove longstanding pro-life protections and potentially even the ban on taxpayer funding for abortions as evidenced by the bill Democrats want us to pass in a few hours.

With a single move, this legislation would eliminate 40 years of bipartisan consensus in Washington in State capitals across the country to protect the health of pregnant women and the unborn.

In addition to allowing elective late-term abortions and hampering access to proper care at abortion clinics in the case of emergencies, this bill would preempt any State laws that prevent sex-based or disability status-based abortion decisions. Medical professionals could also be forced to conduct abortions, despite moral objections.

Our Nation faces a host of crises, most of which are self-inflicted. I implore my colleagues to reject this bill and get back to the people's work.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Ms. SPEIER) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK.

HOUSE OF REPRESENTATIVES,

Washington, DC, September 24, 2021.

Hon. NANCY PELOSI,

Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on September 24, 2021, at 8:17 a.m.:

That the Senate agreed to Relative to the death of Robert Britton "Bob" Dove, Parliamentarian Emeritus of the United States Senate S. Res. 386.

That the Senate passed without amendment H.R. 5293.

That the Senate agreed to without amendment H. Con. Res. 41.

With best wishes, I am,

Sincerely,

KEVIN F. MCCUMBER,
Deputy Clerk.

WOMEN'S HEALTH PROTECTION ACT OF 2021

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 667, I call up the bill (H.R. 3755) to protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 677, the amendment printed in part A of House Report 117-125 shall be considered as adopted.

The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3755

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Women's Health Protection Act of 2021".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) Abortion services are essential to health care and access to those services is central to people's ability to participate equally in the economic and social life of the United States. Abortion access allows people who are pregnant to make their own decisions about their pregnancies, their families, and their lives.

(2) Since 1973, the Supreme Court repeatedly has recognized the constitutional right to terminate a pregnancy before fetal viability, and to terminate a pregnancy after fetal viability where it is necessary, in the good-faith medical judgment of the treating health care professional, for the preservation of the life or health of the person who is pregnant.

(3) Nonetheless, access to abortion services has been obstructed across the United States in various ways, including blockades of health care facilities and associated violence, prohibitions of, and restrictions on, insurance coverage; pa-

rental involvement laws (notification and consent); restrictions that shame and stigmatize people seeking abortion services; and medically unnecessary regulations that neither confer any health benefit nor further the safety of abortion services, but which harm people by delaying, complicating access to, and reducing the availability of, abortion services.

(4) Reproductive justice requires every individual to have the right to make their own decisions about having children regardless of their circumstances and without interference and discrimination. Reproductive Justice is a human right that can and will be achieved when all people, regardless of actual or perceived race, color, national origin, immigration status, sex (including gender identity, sex stereotyping, or sexual orientation), age, or disability status have the economic, social, and political power and resources to define and make decisions about their bodies, health, sexuality, families, and communities in all areas of their lives, with dignity and self-determination.

(5) Reproductive justice seeks to address restrictions on reproductive health, including abortion, that perpetuate systems of oppression, lack of bodily autonomy, white supremacy, and anti-Black racism. This violent legacy has manifested in policies including enslavement, rape, and experimentation on Black women; forced sterilizations; medical experimentation on low-income women's reproductive systems; and the forcible removal of Indigenous children. Access to equitable reproductive health care, including abortion services, has always been deficient in the United States for Black, Indigenous, and other People of Color (BIPOC) and their families.

(6) The legacy of restrictions on reproductive health, rights, and justice is not a dated vestige of a dark history. Presently, the harms of abortion-specific restrictions fall especially heavily on people with low incomes, BIPOC, immigrants, young people, people with disabilities, and those living in rural and other medically underserved areas. Abortion-specific restrictions are even more compounded by the ongoing criminalization of people who are pregnant, including those who are incarcerated, living with HIV, or with substance-use disorders. These communities already experience health disparities due to social, political, and environmental inequities, and restrictions on abortion services exacerbate these harms. Removing medically unjustified restrictions on abortion services would constitute one important step on the path toward realizing Reproductive Justice by ensuring that the full range of reproductive health care is accessible to all who need it.

(7) Abortion-specific restrictions are a tool of gender oppression, as they target health care services that are used primarily by women. These paternalistic restrictions rely on and reinforce harmful stereotypes about gender roles, women's decision-making, and women's need for protection instead of support, undermining their ability to control their own lives and well-being. These restrictions harm the basic autonomy, dignity, and equality of women, and their ability to participate in the social and economic life of the Nation.

(8) The terms "woman" and "women" are used in this bill to reflect the identity of the majority of people targeted and affected by restrictions on abortion services, and to address squarely the targeted restrictions on abortion, which are rooted in misogyny. However, access to abortion services is critical to the health of every person capable of becoming pregnant. This Act is intended to protect all people with the capacity for pregnancy—cisgender women, transgender men, non-binary individuals, those who identify with a different gender, and others—who are unjustly harmed by restrictions on abortion services.

(9) Since 2011, States and local governments have passed nearly 500 restrictions singling out